



**CITY OF RIVERSIDE
2020 RETIREE RATE SHEETS
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente STANDARD RETIREE Under 65 \$15 DOV Plan				
Single	\$628.14	\$6.74	\$634.88	\$638.88
2-Party	\$1,268.82	\$9.64	\$1,278.46	\$1,282.46
Family	\$1,695.94	\$17.26	\$1,713.20	\$1,717.20
Kaiser Permanente VALUE RETIREE Under 65 \$30 DOV Plan				
Single	\$569.02	\$6.74	\$575.76	\$579.76
2-Party	\$1,149.44	\$9.64	\$1,159.08	\$1,163.08
Family	\$1,536.36	\$17.26	\$1,553.62	\$1,557.62
Kaiser Permanente STANDARD 65+ RETIREE				
Subscriber (M)	\$217.28	\$6.74	\$224.02	\$228.02
Subscriber (M) + Spouse (M)	\$434.62	\$9.64	\$444.26	\$448.26
Subscriber (M) + Spouse (NM<65)	\$857.96	\$9.64	\$867.60	\$871.60
Subscriber (M) + Spouse (NM >65)	\$1,592.92	\$9.64	\$1,602.56	\$1,606.56
Subscriber (NM<65) + Spouse (M)	\$845.48	\$9.64	\$855.12	\$859.12
Subscriber (NM+65) + Spouse (NM<65)	\$2,016.32	\$9.64	\$2,025.96	\$2,029.96
Subscriber (M) + Spouse (M) + Child (NM)	\$861.74	\$17.26	\$879.00	\$883.00
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,285.08	\$17.26	\$1,302.34	\$1,306.34
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,272.60	\$17.26	\$1,289.86	\$1,293.86
Subscriber (NM<65) + Spouse (NM+65)	\$2,003.78	\$9.64	\$2,013.42	\$2,017.42
Subscriber (NM +65)	\$1,375.64	\$7.74	\$1,383.38	\$1,387.38
Subscriber (NM+65) + Spouse (NM+65)	\$2,751.28	\$9.64	\$2,760.92	\$1,764.92
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,178.40	\$17.26	\$3,195.66	\$3,199.66
Subscriber (Part A Only +65)	\$1,062.62	\$6.74	\$1,069.36	\$1,073.36
Kaiser Permanente VALUE 65+ RETIREE				
Subscriber (M)	\$178.44	\$6.74	\$185.18	\$189.18
Subscriber (M) + Spouse (M)	\$356.88	\$9.64	\$366.52	\$370.52
Subscriber (M) + Spouse (NM<65)	\$758.86	\$9.64	\$768.50	\$772.50
Subscriber (M) + Spouse (NM >65)	\$1,517.50	\$9.64	\$1,527.14	\$1,531.14
Subscriber (NM<65) + Spouse (M)	\$747.46	\$9.64	\$757.10	\$761.10
Subscriber (NM+65) + Spouse (NM<65)	\$1,919.48	\$9.64	\$1,929.12	\$1,933.12
Subscriber (M) + Spouse (M) + Child (NM)	\$743.80	\$17.26	\$761.06	\$765.06
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$1,145.78	\$17.26	\$1,163.04	\$1,167.04
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$1,134.38	\$17.26	\$1,151.64	\$1,155.64
Subscriber (NM<65) + Spouse (NM+65)	\$1,908.08	\$9.64	\$1,917.72	\$1,921.72
Subscriber (NM+65)	\$1,339.06	\$7.74	\$1,346.80	\$1,350.80
Subscriber (NM+65) + Spouse (NM+65)	\$2,678.12	\$9.64	\$2,687.76	\$2,691.76
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$3,065.04	\$17.26	\$3,082.30	\$3,086.30
Subscriber (Part A Only +65)	\$1,026.04	\$6.74	\$1,032.78	\$1,036.78

RATES ARE SUBJECT TO CHANGE

*Includes \$4.00 Administrative Fee

**M=Medicare Enrollee; NM=No Medicare

Rev. (02/06/2020)



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Blue Shield HMO 15 (HIGH) RETIREE Under 65				
Single	\$738.52	\$6.74	\$745.26	\$749.26
2-Party	\$1,494.82	\$9.64	\$1,504.46	\$1,508.46
Family	\$2,064.62	\$17.26	\$2,081.88	\$2,085.88
Blue Shield HMO 20 (LOW) RETIREE Under 65				
Single	\$625.86	\$6.74	\$632.60	\$636.60
2-Party	\$1,266.32	\$9.64	\$1,275.96	\$1,279.96
Family	\$1,748.30	\$17.26	\$1,765.56	\$1,769.56
Blue Shield Trio HMO 20 RETIREE Under 65				
Single	\$539.18	\$6.74	\$545.92	\$549.92
2-Party	\$1,090.92	\$9.64	\$1,100.56	\$1,104.56
Family	\$1,506.14	\$17.26	\$1,523.40	\$1,527.40
Blue Shield PPO RETIREE und 65, (CA & OOS)				
Single	\$1,097.54	\$6.74	\$1,104.28	\$1,108.28
2-Party	\$2,195.28	\$9.64	\$2,204.92	\$2,208.92
Family	\$2,799.80	\$17.26	\$2,817.06	\$2,821.06
Blue Shield HMO 15 (HIGH) RETIREE with Medicare A&B				
Single	\$798.76	\$6.74	\$805.50	\$809.50
2-Party	\$1,616.78	\$9.64	\$1,626.42	\$1,630.42
Family	\$2,233.08	\$17.26	\$2,250.34	\$2,254.34
Blue Shield HMO 15 (HIGH) RETIREE without Medicare A&B				
Single	\$1,243.90	\$6.74	\$1,250.64	\$1,254.64
2-Party	\$2,517.60	\$9.64	\$2,527.24	\$2,531.24
Family	\$3,476.94	\$17.26	\$3,494.20	\$3,498.20
Blue Shield HMO 20 (LOW) RETIREE with Medicare A&B				
Single	\$674.10	\$6.74	\$680.84	\$684.84
2-Party	\$1,363.82	\$9.64	\$1,373.46	\$1,377.46
Family	\$1,882.98	\$17.26	\$1,900.24	\$1,904.24
Blue Shield HMO 20 (LOW) RETIREE without Medicare A&B				
Single	\$1,086.48	\$6.74	\$1,093.22	\$1,097.22
2-Party	\$2,198.10	\$9.64	\$2,207.74	\$2,211.74
Family	\$3,034.94	\$17.26	\$3,052.20	\$3,056.20
Blue Shield Trio HMO 20 RETIREE with Medicare A&B				
Single	\$580.74	\$6.74	\$587.48	\$591.48
2-Party	\$1,174.92	\$9.64	\$1,184.56	\$1,188.56
Family	\$1,622.16	\$17.26	\$1,639.42	\$1,643.42
Blue Shield Trio HMO 20 RETIREE without Medicare A&B				
Single	\$935.98	\$6.74	\$942.72	\$946.72
2-Party	\$1,893.64	\$9.64	\$1,903.28	\$1,907.28
Family	\$2,614.56	\$17.26	\$2,631.82	\$2,635.82



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Blue Shield PPO RETIREE w/Med A&B or Blue Card OOS w/Med A&B				
Single	\$1,351.76	\$6.74	\$1,358.50	\$1,362.50
2-Party	\$2,703.72	\$9.64	\$2,713.36	\$2,717.36
Family	\$3,448.22	\$17.26	\$3,465.48	\$3,469.48
Blue Shield PPO RET w/out Med A&B or Blue Card OOS w/o Med A&B				
Single	\$1,776.96	\$6.74	\$1,783.70	\$1,787.70
2-Party	\$3,554.28	\$9.64	\$3,563.92	\$3,567.92
Family	\$4,533.00	\$17.26	\$4,550.26	\$4,554.26

Dental Plans

PROVIDER/COVERAGE CATEGORY	MONTHLY DENTAL PREMIUM	TOTAL (RAW) MONTHLY PREMIUM	TOTAL MONTHLY DENTAL PREMIUM*
Delta Dental PPO RETIREE			
Single	\$69.03	\$69.03	\$73.03
2-Party	\$125.27	\$125.27	\$129.27
Family	\$176.39	\$176.39	\$180.39
Delta Care Dental PMI/DHMO RETIREE			
Single	\$21.24	\$21.24	\$25.24
2-Party	\$32.18	\$32.18	\$36.18
Family	\$47.92	\$47.92	\$51.92
Local Advantage Dental Plan RETIREE			
Single	\$69.03	\$69.03	\$73.03
2-Party	\$125.27	\$125.27	\$129.27
Family	\$176.39	\$176.39	\$180.39

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